THE

MEDICAL AND SURGICAL REPORTER.

No. 1130.] PHILADELPHIA, OCT. 26, 1878. [Vol. XXXIX.—No. 17.

Original Department.

Communications.

FILARIA IN THE EYE.

BY CHAS. S. TURNBULL, M.D., PH.D.

paper read before the Alumni Society of the Auxiliary Department of the University of Pennsylvania, at its Stated Meeting, Sept. 27th, 1878.

Filaria in the Eye of the Horse.

Hearing, through the kindness of a friend, that there was on exhibition, at a stable on Sansom street, a horse with a living worm in his eye, I at once made search for the curiosity. After finding and making a critical examination of the case, I was convinced that it was one of more than usual interest. At my desire Prof. Joseph Leidy visited the animal with me, and as he had never seen such a case before, he expressed himself emphatically concerning its novelty and interesting nature.

As all physicians are more or less interested in horses, I have described the case mentioned, as well as two others, both of which occurred in this country, have visited some of our most prominent veterinary surgeons, and consulted the best authorities on helminthology and hippophysiology, so as to be able to present a reliable and succinct account of the disease in question.

A heavily built dun horse, twelve years of age, which had been raised and worked upon a farm near Rochester, N. Y., was led out to the light, and through the partially opaque cornea of his left eye could be seen a worm, several inches in length. It was white in color, and without the aid of any artificial means could be distinctly seen floating, wriggling and twisting about in the anterior chamber. The eye seemed very much irritated, as the horse continually endeavored to rub it, and the stimulus of light caused profuse lachrymation, and, what is characteristic in such cases, *at times only*, was the cornea hazy, and the aqueous humor cloudy. The horse appeared perfectly healthy, was in excellent condition, and did not seem to be particularly annoyed by the presence of his unusual guest. The iris was of a good color, the action of the pupil perfect, lens clear, and remainder of the eye free from irritation.

The horse had been turned out early last spring (which will be remembered as an unusually wet one), and about that time the worm, which was one inch in length, was first discovered. Since then it has grown several inches, and at the time of this writing looks like a piece of cat-gut from four to five inches in length. On account of its incessant motion no details concerning the parasite's exact shape could be made out. As the present owner bought the horse for his eye, no one will be likely to have that satisfaction.

This case makes the *third*, which so far as I can ascertain, has occurred in this country. The *first* on record was exhibited in this city in the latter part of the last century, and was reported by the late Judge Francis Hopkinson, in a paper read before the Philosophical Society, September 26th 1783.* He says, "This worm was of a clear white color, in size and appearance much like a piece of white bobbin. It seemed to be from two and a half to three inches in length. The creature was in constant

* *Trans.* Am. Philos. Soc., 1st Series, Vol. II.

lively vermicular motion, sometimes retiring so deeply into the eye as not to be seen at all. I could not distinguish its head, neither end being perfectly exhibited while I viewed it; and, indeed, its motion was so brisk and constant as not to admit of so nice an examination. The horse's eye was exceedingly inflamed, swollen and running, so that it was with difficulty the eye could be kept open for more than a few seconds at a time, and I was obliged to watch favorable moments for a distinct view of the tormentor. I believe (the Judge goes on to say) the horse was quite blind in that eye, for it appeared as if all the humors were confounded together, and that the worm had the whole orb to range in."

This worm, I think, must also have been in the anterior chamber, for if the eye had been in the disorganized condition represented by the Judge, the parasite could not have been seen at all.

The *second* case, which was never reported, occurred in the practice of Dr. Th. N. Corbyn, PH. D., V. S., of this city, who kindly gave me the following interesting account of it. "I have had but one case in an experience extending over fifty years, and this occurred in the year 1833. The horse, the property of a physician in Alleghany City, Pa., had periodic attacks of ophthalmia. After the inflammation had subsided, I discovered the parasite floating in the aqueous humor. It was about two inches long. The case created quite a sensation at the time. I operated by penetrating the cornea, making the opening above; the humor spurted out, and with it came the worm, which looked like a fine piece of catgut. I prescribed low diet, with aperient medicine, and kept the eye covered, so as to exclude light. In fifteen days the eye recovered entirely."

In searching the literature of this subject, the accompanying cuts, taken from Müller's Zoologica Danica, vol. 3, p. 49, t. 109, f. 12, were chosen as best exhibiting the characteristics of the parasite under consideration.*

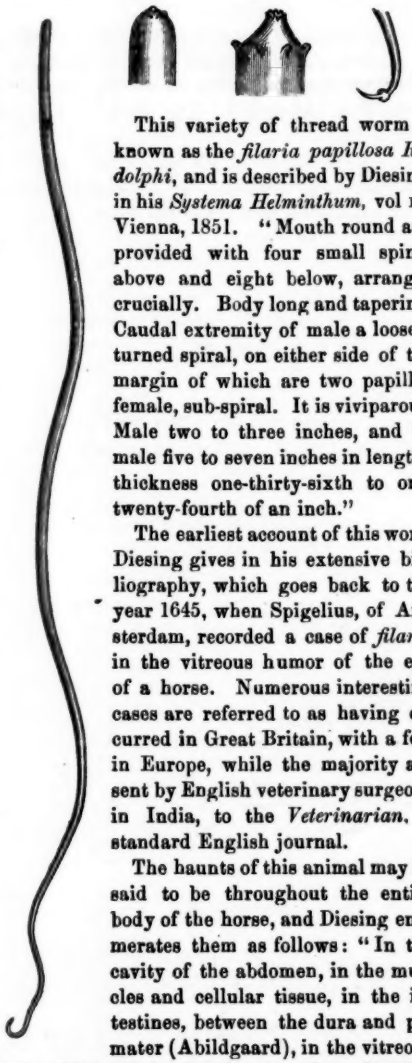
Fig. 1 represents the *Filaria papillosa Rudolphi*, natural size.

Fig. 2, the head, magnified.

Fig. 3 again shows the magnified head with the papilla squeezed out.

Fig. 4. Magnified caudal extremity, supposed to be of a male.

FIG. 1. FIG. 2. FIG. 3. FIG. 4.



This variety of thread worm is known as the *filaria papillosa Rudolphi*, and is described by Diesing, in his *Systema Helminthum*, vol II., Vienna, 1851. "Mouth round and provided with four small spines above and eight below, arranged crucially. Body long and tapering. Caudal extremity of male a loosely turned spiral, on either side of the margin of which are two papilla; female, sub-spiral. It is viviparous. Male two to three inches, and female five to seven inches in length; thickness one-thirty-sixth to one-twenty-fourth of an inch."

The earliest account of this worm Diesing gives in his extensive bibliography, which goes back to the year 1645, when Spigelius, of Amsterdam, recorded a case of *filaria* in the vitreous humor of the eye of a horse. Numerous interesting cases are referred to as having occurred in Great Britain, with a few in Europe, while the majority are sent by English veterinary surgeons in India, to the *Veterinarian*, a standard English journal.

The haunts of this animal may be said to be throughout the entire body of the horse, and Diesing enumerates them as follows: "In the cavity of the abdomen, in the muscles and cellular tissue, in the intestines, between the dura and pia mater (Abildgaard), in the vitreous body (Spigelius), in the anterior chamber (Hopkinson, Morgan, Greve and many others), and still more rarely between the coats of the eye. In the ass and mule, in the abdomen and thorax (Gurlt). In the domestic cattle, in the abdomen, rarely in the anterior chamber (Chaignault and Gurlt)."

Diesing says that he saw such a filaria, and for hours observed it, in the anterior chamber of

* For those who are anxious to look up the minute anatomy of this worm, I would recommend "Gurlt's Pathological Anatomy of the Horse," and Leuckart's "Menschlichen Parasiten."

the eye of a horse. It was several inches long and very white, and in continual lively movement like a serpent.—Veterinary School in Vienna.

Mr. Twining, a resident at Poonah, in India, for sixteen years averaged twenty cases annually, more than fell to the lot of any other individual in Hindostan. The worm or worms, for there are sometimes two or three floating in the aqueous humor at the same time, by their presence, cause symptoms of ophthalmia, with great intolerance of light. The worm, he says, is a species of filaria or thread worm, called *filaria equi.*

Sir Everard Home informs us that (filaria equi) are found in the circulating blood of the horse, and it is supposed to be transmitted through that medium. Worms have been found in the cœliac artery of the ass, but of greater magnitude. Naturalists have discovered numerous genera and several species—the ascaris, tænia, filaria, strongula, ligula, etc.—as inhabitants of the body of the horse, sheep, ox, hog, deer, etc.

The most succinct account of this phenomenon is by Sir Chas. Percivall, v.s., in 1825, and published in the London *Veterinarian*, for 1828. He says, "in low, humid situations in India, where frogs are prevalent, or where there is stagnant water, especially after an unusually wet season, worm in the eye is a very common occurrence. It is also seen in other parts during the cold months, from the beginning of October to the latter part of February, and especially during the continuance of an east wind. The symptoms are those of a conjunctivitis; the cornea is obscured by a 'nebulous effusion,' the eyelids are closed, and there is intolerance of light.

"On close inspection a small, white worm can be discerned floating in the aqueous humor, at one time rising to the superior, at another sinking to the inferior portion of the anterior chamber.

"The method of treatment is by puncturing the cornea at its upper and inner margin, and allowing the parasite to escape with the aqueous humor. This spot is selected for the operation because the cornea is here least dense, and because the aqueous humor, which gradually re-forms, will be least likely again to escape while the wound is healing.

"These worms find their way into the animal's body along with the water he drinks, either as fully developed parasites, or as ova. Both the parasites and eggs are found in the stagnant waters of India."

The *Veterinarian* for 1864, p. 218, contains the account of a case where this species of worm was removed by the operation just described, one from either eye. Beer's cataract knife was used to make the incision. The Edinburgh *Veterinary Review*, vol. 6, for 1864, also contains a very interesting and humorous account of a similar case.

A fact of intense satisfaction to the lovers of horseflesh is, that in no case of operation for the removal of filaria has the function of the eye been more than temporarily disturbed.

Since commencing this paper I have learned, through a friend, that Dr. Chas. J. Kipp, of Newark, N. J., exhibited, at a recent meeting of the New York Ophthalmological Society, a fine specimen of filaria which he had removed from the anterior chamber of the eye of a horse. The Doctor will doubtless publish a detailed account of the case.

Filaria in the Eye of Man.

Although it seems a shocking thing to contemplate, it is, nevertheless, true, that filaria, and living ones, too, have been found in the human eye.

Dr. Nordmann,* of Odessa, describes the circumstances which led him to discover the existence of entozoa in the eyes of several vertebrates; and he gives a minute account of them, illustrated by beautiful figures, representing their form and internal structure. His researches, during the years 1830 and 1831, embraced numerous eyes of horned cattle, sheep, pigs, frogs, lizards and fishes, with some from the human subject, and birds. He found entozoa of the genus *filaria* in the human eye, in that of the haddock (gadus aeglefinus), of the genus *ascaris* in the frog, of the genus *oxyuris* in the perch, of the genus *cysticercus* in the pig, and *trematoda* in great abundance in fishes generally. In fishes he first found entozoa in the vitreous humor, but he subsequently met with them in the crystalline lens and the capsule, between the laminæ of the cornea, in the iris and retina and in the aqueous humor (*Lib. cit.* pp. 1–6). In the crystalline lens of some fishes they are so numerous as to render it more or less opaque, and thus to impair or injure sight. (*Lib. cit.* pp. 19, 20.)

* Nordmann, "Mikrographische Beiträge zur Naturgeschichte der Wirbellosen Thiere, Erstes Heft," pp. 11-13.

A species of filaria (*filaria medinensis?*) has been seen under the conjunctiva oculi, in the West Indies. Schön has quoted some facts of this kind. A case was related to him by Dr. Gaertner, who resided in the West Indies, and considered it to be the guinea worm.*

Dr. Thos. G. Morton, of this city, has given an interesting account of a filaria ("*Dracunculus*, or *Filaria loa*) removed by a native woman from beneath the conjunctiva of the eyeball of a negress at Gaboon, West Africa, with a brief history of the parasite, and Professor Leidy's description of the specimen."†

Cobbold says, "these worms are identical with those described by Guyot as dwelling beneath the conjunctiva of negroes at Congo, and the Gaboon region generally."‡ Davaine has reported several similar cases, and refers to them as *La filairie de l'orbite* ?

The *filaria lentis* (Cobbold), and what is identical, the *filaria oculi humani* (Nordmann), was discovered by the last named investigator, in the year 1831.‖ Dr. Nordmann examined two lenticular cataracts taken from an elderly man, half an hour after they had been extracted by Prof. von Graefe. In one of these, which was partially surrounded by the capsule, he observed in the Morgagnian fluid two very small and delicate rings, which he clearly recognized under the microscope as convoluted filariæ. One of the two had been injured in the middle, so that the intestines had come out of the body, and were visible as slender threads. The other was uninjured, of uniform thickness, three-quarters of a line long, and extremely narrow. It was spirally convoluted and dead. A simple intestinal canal, a mouth with visible papillæ, a uterus, and a prominent anal aperture could be distinguished (*Lib. Cit.*, pp. 7, 8).

In 1832 he was present at two operations of extraction, performed on old women, by Prof. Jüngken, and found a living filaria, five lines and a half long, in the act of casting its skin (in der häutung begriffene), in the lens of the first patient (a case of green, lenticular cataract); no living extraneous body was found in the other lens. The second case was more interesting, as it presented the first example of microscopical entozoa, possessing suckers (*Trematoda Rudolphi*), being found in the human eye; eight individuals of the genus *monostroma* were found in the substance of the lens. These minute beings were situated in the upper strata of the crystalline; they were one-tenth of a line long, and moved sluggishly when placed in warm water. The examination took place immediately after the operation. In neither case was the opacity complete, and the lenticular substance was soft. (Lib. cit. Zweites Heft. Vorwert, p. 9.)

M. Davaine also mentions a comparatively recent case of filaria in the anterior chamber of the eye, but full particulars do not appear to be published. The case previously cited is by Sichel.* from whom we gather that the specimen was brought forward by Quadri, of Naples. The living worm was in the vitreous humor of a woman, thirty years of age. The function of the eye was perfectly normal. The latter authority exhibited the parasite *in situ* at a meeting of the Ophthalmological Congress held at Brussels.

Von Ammon found a filaria in a lenticular cataract, of which the nucleus was firm and the exterior pulpy. The cataract was extracted. He has figured the animal, of its natural size and magnified.†

Then, again, there is the case observed by Gescheidt,‡ in which Von Ammon operated for congenital cataract. In this case there were four filariæ, of the genus *distoma*. The largest measured one-sixth, the smallest one-fifteenth, of an inch.§

Cobbold considers them embryonic *nematodes*, which have accidentally or otherwise selected the human body as their intermediary host.

Mauthner‖ says he saw what he supposed to be a dead filaria floating about in the perfectly clear vitreous humor of a man forty years of age.

Von Wecker, the author of the second half of the fourth volume of "Graefe and Saemisch's

* Handbuch der Pathologischen Anatomie des Menschlichen Auges, pp. 226, 227.

† *American Journal of the Medical Sciences*, Phila., July, 1877.

‡ Entozoa, London, 1864, p. 388.

§ Davaine, Traité des Entozoaires, Paris, 1860, p. 750.

‖ Nordmann, Mic. Beiträge z. Nat. d. Wirb. Thiere.

* Iconographie Ophthalmologique. p 707; also Zander, Der Augenspiegel, 2 Auflage, p. 190.

† Klinische Darstellung, Pt 1, vol. XII, Fig. 22 and 23.

‡ Zeitschrift für die Ophthalmologie, "III Bandes, IV Heft., p. 405; Die Entozoa des Auges, U.S.W.

§ Zeitschrift für die Ophthalmologie, vol III pp. 75, 76.

‖ M. Optischen Fehler des Auges, 1872.

Augenheilkunde," gives no new cases, but mentions a case of supposed filaria spiralis (?) which he considered a rudimentary persistent hyaloid artery.

The presence of filaria within the human eye is, beyond a doubt, of rare occurrence, no instances on record are of recent date, and our more modern text books and works on ophthalmology either omit them altogether or else refer but briefly to the few cases herein mentioned.

Having occurred once, filaria will doubtless be found again, and if there exists a "*filaria sanguinis hominis*," as Drs. T. R. Lewis, of India, Bancroft, of Australia, and especially Dr. Manson,* of China, have pointed out, we must look for it wherever the blood circulates.

Seldom is it that the oculist in his busy round stops to scrutinize the cataractous lens he so dexterously extracts, or to examine in minute detail every floating opacity in the vitreous body, and I must confess I am of the opinion that it behooves us to be more on the lookout for the phenomena in question.

(The writer of this paper will be exceedingly in debted for any reliable account of a worm or worms in the human eye.)

SEVERE GUNSHOT WOUND.

BY J. L. PERRYMAN, A.M., M.D.
Of Illinois.

About a year ago I was called to see a little boy, aged eight or nine years, for a gunshot wound of the inferior maxillary bone. The piece was discharged only a few feet from the patient. The breach in the soft parts and point of fracture commenced about an inch and a half to the right side of the median line of the chin, or the symphysis, extending fully an inch and three quarters upon the opposite side of the bone. The hemorrhage was considerable, from the facial artery, which had to be ligated. The wound in the soft parts extended to within an inch and a quarter of the left ear. One shot entered the face just below the right eye; two, striking the head above the right eye, deflected and were cut out over the occipital bone.

Dr. L. P. Stookey, who assisted me, put the patient under the influence of chloroform. I removed the teeth that were loose, and the fragments of bone, with the exception of two large pieces of the chin, that I did not think prudent, owing to the anatomical connections, to remove. I then brought the wound in the soft parts together, as far as practicable, with silver wire sutures. Made cold applications of carbolized water. Dismissed the patient for the night with a hypodermic injection of morphia and atropine. He slept quietly until next morning.

Second day. Saw the patient; pulse full, reaction having been fully established; ordered the cold applications continued; prescribed two grains of quinine every four hours; ordered beef tea and milk as nourishment.

Third day. Wound looking well; no hemorrhage; continued the treatment.

Fourth day. The patient exhibited no untoward symptoms, suppuration having been fully established.

The patient progressed favorably, with no signs of tetanus or erysipelatous inflammation. On the fifteenth day suppuration had so far loosened the two fragments of the chin that they were removed without difficulty with a pair of forceps. On the twentieth day the wound had so far healed that I deemed it advisable to devise some means by which to fix and steady the two portions of the maxillary bone.

Drs. Moore, Stookey, Patrick and Burns assisting, we again put the patient under the influence of chloroform, and I drilled a small opening through each portion of the fractured bone, about half an inch from the point of fracture. I had two silver pins made and put in each of the openings, tied a piece of tape in the eye of each, and then tied them in the centre, over the part where the symphysis of the chin should be. By this simple procedure the fractured bone was held in place. The wound was carefully cleansed ever day, carbolized water being used in the meantime as a

* In a paper entitled "Report of Hæmatozoa," Patk. Manson, M.D., of Amoy, China, says—"1. That a large ratio of the population of this province, and probably of other parts of China, is infested with the *filaria sanguinis hominis*. The exact ratio cannot yet be stated, but if my observations are a fair guide, one in thirteen is near it. 2. That the filaria sanguinis hominis may be present in the blood, and yet the hosts be in good health and exhibit no morbid phenomena. 3. That in the same persons it may be present at one time and absent at another. 4. That at one time or another it is generally associated with *elephantoid disease*, and is almost certainly connected with the causes of such affections. 5. That it is sometimes associated with a diseased condition characterized by frequently recurring attacks of fever, accompanied by general anasarca, unconnected with heart or kidney disease.

dressing. What was interesting to observe in the progress of the case was, that notwithstanding the great extent of the wound, and the excessive suppuration, there was developed a complete and perfect chin. In this newly developed bone there has appeared two teeth. However, second dentition may not have been completed.

The case progressed well, and healed in three months, leaving a cleft in the left side of the lower lip, from which the saliva was constantly trickling, to the great annoyance of the patient and his friends. We again put the patient under the influence of chloroform. There were several extensive adhesions found, which it was necessary to dissect up in order to relieve the lip and mouth. I then pared the edges of that portion of the mouth that had healed fistulous, and brought the wound together with silver pins, and had the satisfaction of seeing them heal kindly by the first intention, and the function of the inferior maxillary and mouth restored.

Hospital Reports.

JEFFERSON MEDICAL COLLEGE HOSPITAL.

SURGICAL CLINIC OF S. W. GROSS, M.D., SEPT. 18th, 1878.

GENTLEMEN:—By an opportunity offered me through the abundance of interesting material presenting itself at this clinic, I am enabled this morning to bring before you, for operation, a series of cases, each one of which illustrates a different variety of tumor, ranging from the simplest form of benign growth to the case of carcinomatous disease with glandular involvement. The subject of the pathology of these tumors will be reserved for discussion in a more exhaustive manner at a future meeting; at the present time I will only indicate very briefly the salient characteristics of each form of pseudoplasm, or neoplasm, that appears before you, and will devote the hour and a half allotted to me to illustrating the proper methods of operation, and indicating the prognosis and after treatment. The first case is one of

Hæmatoma of the Ear.

George C., aged 37, a saw filer, has, as you will notice, a prominent, soft, fluctuating swelling on the upper portion of the pinna of the right ear. It includes part of the helix and the fossa of the helix, and fills entirely the fossa of the antihelix. It is about half an inch in thickness, and about one inch and a quarter in diameter. The surface is smooth, and the skin is normal. In regard to the history, the patient informs us that he first noticed it five weeks ago, and thinks it appeared during the night, as he saw it in the morning and it was not there when he went to bed. It is not painful, and he had not received any injury; he had slept on a soft pillow.

There is a tumor of the pinna of the ear, which is most common in male insane patients, and which I have never seen in any other class of subjects, that is termed hæmatoma auris, or bloody tumor of the ear, generally caused by lying persistently upon one side of the head. Such tumors are generally dark-colored, and when opened, some trace of their original character will always be found, either in the contained blood clots, or an examination of the fluid under the microscope, will reveal the presence of blood corpuscles, or of crystallized hæmatin.

The tumor before us is soft, and might be an abscess, but appears to be really cystic in character. This point may be cleared up by the use of an exploring needle. This is followed by the escape of a clear, serous, orange-colored fluid, which I catch in my hand, which clears up the diagnosis. The tumor is cystic, and I am led, from the history, to consider it a hæmatoma similar to that occurring in the insane, and to believe that this fluid is blood which has undergone degenerative changes from breaking down of the corpuscles, and hence contains abundant crystals of hæmatin.

I have never seen a case exactly like this before. I will lay the cyst open, and pack its cavity with absorbent cotton, saturated with tincture of iodine, having first plugged the meatus, to prevent the iodine from accidentally entering the auditory canal. The cyst wall is smooth on its inner surface; but the irritation set up by this tent will excite the granulating process, as a result of which the cavity will be obliterated. The iodine tent will be removed to-morrow morning.

Nævus Maternus of the Scalp.

Harry C., three years of age, shows over his left ear a bluish vascular tumor of the scalp. It is irregular in shape, not much elevated above the skin; it is yielding upon pressure, and swells up when he cries. It occupies a space that is equal to a circle about an inch in diameter. It is evidently made up of dilated capillary vessels, and is similar to several cases you have recently seen, and the characters of which have been explained to you. One, you will remember, occupied the forehead; a second the top of the nose; and the third the entire lower lip; all were congenital.

From the appearance of the child, its poor development, imperfect and carious teeth, and the depressed state of the bridge of its nose, it will be perceived that it is suffering from the syphilitic cachexia. In such cases, the nose is flattened, because infants laboring under inherited or congenital syphilis are subject to

chronic catarrh of the Schneiderian membrane; the inflammation ultimately leading to ulceration and destruction of the nasal bones. The difficulty in breathing accompanying this condition is termed, very expressively, "the snuffles," the nostrils being stopped up; the nutrition of the infant is often impaired, on account of the trouble this occasions in nursing.

I find, upon inquiring of the mother, that my impression, drawn from its appearance, is confirmed by the fact that it has been under treatment for mucous patches about the mouth and anus, and other manifestations of inherited syphilis.

After giving the child a few whiffs of chloroform, I will transfix the base of the growth with several pins, and strangulate it with a tight ligature passed under them. Chloroform is used very much in this clinic for children, in whom it is not a dangerous remedy in experienced hands; when improperly administered it has proved fatal in adults, although not in my experience.

After leaving the room the child may have a few drops of laudanum to relieve its pain and keep it quiet. The mass will drop off in four or five days, and the resulting ulcer will heal under simple treatment. This is probably the most effectual manner of dealing with the ordinary forms of vascular tumors.

Lymphatic Tumor of the Parotid Region.

This young lady, aged nineteen years, discovered, three years ago, a movable lump, of the size of a pea, in front of and under the lobule of the right ear, which is now apparently as large as a medium-sized hickory nut. It is neither painful nor tender to the touch; rolls under the skin; is lobulated, dense, and firm; and is distinctly circumscribed. The overlying integument is normal.

It is extremely difficult to pronounce positively upon the true nature of neoplasms of the parotid region before their removal. Whether they originate in the gland itself, or in the connective tissue, or the lymphatic glands on and around the parotid, they are essentially of the same structure, the most common being enchondroma, either pure or variously combined with other tissues, carcinoma, fibroma, cystoma, sarcoma, myxoma, and adenoma, or parotid glandular tumor. The mobility, density, and lobulation of the present growth, its slow progress, and its occurrence at an early age, point to its being a cartilaginous tumor; but these signs may also indicate a fibroma, an adenoma, or merely a lymphoma in the form of an enlarged lymphatic gland. The symptoms of malignant disease are entirely wanting; and from the frequency with which I have met with enlarged lymphatic glands in this region, particularly in young subjects, I am disposed to regard the case as being of this nature.

The patient having been anæsthetized, a semicircular incision, with its convexity downward, to admit of free drainage in the event of failure of primary union, was made, and the mass dug out of its investing capsule. It was found to be an enlarged gland, which lay beneath the dense parotid fascia. After oozing had ceased, the wound was approximated by the hare-lip suture, and dressed with oiled lint confined by narrow adhesive strips.

Adenoid Fibroma of Mammary Gland.

Emma H., 24 years of age, comes to us with a swelling in her right breast. She is married, menstruates regularly, and has no children, but six months ago had a miscarriage, and soon afterward accidentally noticed a lump in the upper and inner part of the right breast. It was quite small, and was not the seat of pain. It has now attained the size of an almond, is of a firm, elastic consistence, ovoid in shape, and rolls under the skin. This little growth is a source of annoyance and anxiety, not so much for what it is as for what it may become. As it seriously affects her comfort, and may develop into a larger growth, I will extirpate it, which may be done without much difficulty, as it lies at the circumference of the mammary gland.

This is ordinarily known as a glandular tumor, or adenoma, since it contains the proper structure of the breast, or gland tissue. In my experience these growths are either fibrous or sarcomatous, and include some of the secreting, or proper glandular structure. If it were a sarcoma it would by this time have attained a much larger volume; hence I conclude that this is an adenoid fibroma, which in itself is a benign growth, but may become cystic, or it may eventually, by taking on sarcomatous action, form a cystic sarcoma. It is better, on this account, to remove it while small.

After anæsthetizing the patient, I make my incision over the growth, in the direction of the lobules radiating from the nipple, and not across the milk tubes. The tumor projects through the incision, but is firmly attached to the gland tissue, from which I dissect it, with curved scissors. This tumor was movable in the mammary gland, although it was attached to it, a sign which is of great importance in the distinction between fibroma and sarcoma, in their early stages, and carcinoma, since scirrhous growths are inseparably incorporated with and move with the breast. Adenoid fibroma is most common in unmarried or barren females, and is generally met with between the age of puberty and the thirty-fifth year.

Thyro-Hyoid Hygroma.

A laborer, forty-six years of age, first observed, about six months ago, a swelling in the middle and upper portion of his neck, which gradually increased in size until it is now of the volume and shape of a large hen's egg, and extends from the hyoid bone to the level of the cricoid cartilage, above which it is somewhat constricted, and the tapering smaller end deviates from the middle line to the right side. It distinctly fluctuates; moves with the larynx on deglutition; the skin is natural and unadherent,

and the exploring needle gives vent to bloody, grumous fluid.

Cystic tumors in the middle region of the neck are not very infrequent, and may originate in various ways. Thus, commencing from below, we meet with cystic degeneration of the follicles of the isthmus of the thyroid gland, thereby constituting the affection known as cystic goitre, or, as it is termed by the German pathologists, cystic struma. In addition to the sebaceous tumor, which I have once met with in the thyro-hyoid region, there are other encysted growths developed in the middle line, which are due to enlargement of certain synovial bursæ. One, situated between the skin and the pomum adami, gives rise to the affection known as antethyroid bursal tumor, or hygroma. The second lies between the thyro-hyoid membrane and the posterior surface of the hyoid bone, and is sometimes double; through its enlargement arises the affection variously termed subhyoid, or thyro hyoid hygroma, or sub-hyoidean ranula. Of these two forms of disease, the latter is the more common, as the bursa itself is almost constantly present, whereas the antethyroid bursa, according to the investigations of Verneuil, is absent in about two-thirds of all persons. A third bursa, named after Fleischmann, of Erlangen, who first accurately described it, is seated above the hyoid bone, between the genio-glossi muscles; but its presence is to be regarded as accidental rather than normal.

Any of these bursæ may be the seat of enlargement, and accumulation of their contents, which may be clear and viscid, or sanguineous and grumous, as in the case before us. The situation of the tumor being accurately determined, there need be no difficulty in determining its origin. When the bursa of Fleischmann is involved, in addition to a fluctuating swelling, which is liable to be found to one side of the middle line of the upper portion of the neck, another swelling will be very apparent on the floor of the mouth, which, it need scarcely be said, is not present in the other forms of bursal tumors. Careful examination shows that our patient is affected with enlargement of the thyro-hyoid synovial bursa.

In the treatment of this affection, the object being to set up adhesive inflammation of the sac, various remedies may be used. Obliteration may be effected by evacuation of its contents, and the injection of tincture of iodine or carbolic acid; or the sac may be opened and a portion of it be snipped off; or it may be traversed by a few threads of silk. In this case I will lay the cyst open and insert a tent wrung out of tincture of iodine. This will be removed in twenty-four hours, and the granulating process be afterward favored by the slippery-elm poultice.

Chronic Scirrhous Carcinoma of the Breast.

At our last meeting you will remember that I removed the left mamma of a spinster, fifty years of age, on account of an acute hard cancer of that organ, along with some enlarged lymphatic glands of the axilla. The case before you is, so far as the extent of the disease is concerned, very similar to the previous one, the main points of difference being that this subject is comparatively young, and that the affection has pursued a chronic course.

Mrs. H., aged forty years, of good general health, is the mother of six children, of which she nursed the youngest, now twenty one months old, up to five months ago, when the secretion of milk gradually ceased, but in the affected breast sooner than in the sound one. She first noticed a small nodule in the right mamma four years ago, which has gradually and progressively increased in size until it has attained a diameter of somewhat more than two inches, and is discoid in shape. It is densely hard, slightly bosselated, adherent, to a limited extent, to the subjacent pectoral muscle, and slightly tender on manipulation. The nipple is unchanged and prominent; the skin is discolored, adherent, and thrown into radiating, brawny lines, and the seat of an eczematous eruption; and the several secondarily enlarged lymphatic glands can be detected in the corresponding axilla, where the patient first discovered them about a year ago. There is no family history of cancer. Both breasts are atrophied and flabby, and I have no doubt that the withering process, similar to that which takes place during the involution of the mammary glands, has predisposed these organs to the atypical growth of epithelium which gives rise to carcinoma.

This case is a peculiar one. In a woman of this age, scirrhus should pursue a rapid course, the more especially if the breasts have been functionally active, as is here witnessed. Instead of this, however, the disease is chronic, and represents the atrophic form of carcinoma, which is usually met with much later in life.

In removing the diseased structures, as I now do by the ordinary elliptical incision extended into the axilla, to give me free access to the implicated glands, I am going as far as I can beyond the apparent limits of the disease, and cut away the involved portion of the pectoral muscle. As I remarked the other day, I do not anticipate a permanent cure; but I hope to delay the progress of the disease, and relieve the patient of mental suffering, and prolong her life. If a cure is ever effected, I have never been so fortunate as to meet with an example.

The breast having been extirpated, and the enlarged glands removed with the finger, the flaps were dissected off the pectoral muscle, to favor approximation of their edges. Seven vessels were ligated, and after the oozing of blood had ceased, the wound was closed by five points of the interrupted suture and narrow adhesive strips, a tent having been inserted in the axillary end of the incision, to favor subsequent drainage. An oiled compress was then confined over the wound by a roller, and the arm was secured to the side of the chest.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF NEW YORK.

CLINIC FOR DISEASES OF THE NERVOUS SYSTEM.

BY PROFESSOR WILLIAM A. HAMMOND.

Reported Expressly for the MEDICAL AND SURGICAL REPORTER, by WASHINGTON MYERS, A.M. M.D.

Cerebral Congestion.

GENTLEMEN:—It being impossible to give you more than a superficial idea of the brain and its connection with the spinal cord, I now commence with cerebral congestion, which may be active or passive, arterial or venous. These are divided into two parts, which may make their appearance in one of six different ways, viz: Apoplectic, convulsive, paralytic, soporific, maniacal and aphasia. Each of these varieties is preceded by its premonitory symptoms, but you cannot tell always, from these symptoms, how the case is to terminate. They are common to all the forms, and not difficult to manage. Ninety-five out of one hundred recover.

One of the first stages of congestion is a proneness to feel tired, with inability to sleep; the moment the head touches the pillow the thoughts are occupied with the affairs of the day. The dreams of such patients are terrible, with incoherent talking in sleep when the affection is highly developed. Headache is present, ideas confused, tendency to vertigo, a feeling of tightness about the head, a feeling of weight, a cold or hot sensation, tearing of the scalp. These feelings and sensations do not exist in a state of health, and are indicative of disease. There is also more or less mental disturbance. Patients thus affected are inexpert in adding columns of figures. Bank clerks are peculiarly affected. Any concentration of mind produces all these troubles. Then, occasionally, we have hallucinations of some kind. Patients do not interpret things as they should; a false sensorial impression, a delusion; all are not subject to these sensations or aberrations. Then, frequently, a change occurs in disposition and character; patient quarrels upon slight pretext; considerable irritability present.

In unison with the cerebral symptoms, physical ones are also present, viz: Numbness of one or both sides; motorial functions affected; twitching of mouth or limbs—sometimes produced by the use of tobacco; the urine scanty and high colored, with irritability of the neck of the bladder. Constipation is also present. Patients require strong purgatives or enemata. This hyperæmic stage may remain for months or years, and if the patient is careful he may remain in semi-health for years, and be tolerably comfortable. These premonitory symptoms are present in nearly all cases, although they may be dormant. I have seen them developed very suddenly, under great emotion.

The Apoplectic Form.—The patient may be quietly walking in the street, something occurs to attract his attention, his face flushes and he falls to the ground. He gradually drops. Not as in an epileptic convulsion, where the patient drops suddenly. Now, if you see the patient, his limbs are in a state of resolution. No paralysis present, but located on one side or other there is loss of motion, in one arm or hand, or in a single group of muscles. If you speak in a loud tone he will answer, and only when so spoken to, and will not originate any conversation. Pupils at first dilated, afterward they may alternate with dilatation and contraction. If there is congestion at the base of the brain the pupils are contracted. Pinch the foot or arm and he draws it away. Speak in a low tone and he pays no attention; in a loud tone and he answers incoherently. Does not carry on any course of conversation. Pulse slow and hard, 60 to 80. Respiration slow and hurried; rarely stertorous, except when he first falls, but breathes heavy and full; breathes more with the diaphragm. This condition may last a few moments, or a day or two, or he may not recover at all. Time gives no diagnosis as to recovery. If it is favorable the patient gradually recovers, but feels weaker on one side than on the other. One attack predisposes to another. I have had several under my charge who have had two or three attacks.

The Paralytic Form.—Here there is no loss of consciousness. He loses power in some of the muscles. It may be the tongue or one side of the face. It may exist on one side of the body or on both. This form is distinguishable from the other in there being no loss of consciousness which may be due to hemorrhage or congestion.

The Convulsive Form.—This resembles a true epileptic convulsion. He falls suddenly, on his face; rarely utters a cry, which is the true form of epilepsy; at first of a tonic character; respiration impeded; circulation retarded, from pressure on jugular veins. After a few seconds there is relaxation, afterward contraction, of the muscles. During the tonic contraction he may froth at the mouth or bite the tongue; he passes, after a little, into a state of stupor, which may last from a few moments to several hours. He may have another attack within a week, but not often—the characteristic difference between epileptic cerebral congestion and true epilepsy.

The Soporific Form is, probably, the most dangerous. Patient passes into a state of stupor from the onset. No paralysis; no shock; no apoplectic seizure; stupor not preceded by any sudden shock. Brain torpid, and requires the excitation of another mind to bring it into action. A great many cases terminate badly, whatever plan of treatment you adopt, followed by secondary phenomena—cerebral softening or hemorrhage.

The Maniacal Form.—Epilepsy sometimes assumes a maniacal form. A man may have epilepsy, and then develop into this form. There is no systematization of the mind; he will talk in an incoherent manner; a constant panorama of hallucinations and delusions

occupying his mind, and, in consequence, he acts in obedience to his peculiar ideas. In true cerebral congestion patients only have one attack, and that ends it.

The Aphasia Form.—In which the patient is affected with loss of speech. No paralysis of tongue or vocal organs present; he loses all idea of sound or manner of forming; no paralysis of any kind; attack comes on suddenly. He is not aware of it until he attempts to talk; and is characterized by inability to articulate words.

Case.—Pain in head; sleeplessness; dizziness; noises in ears; numbness in both hands; age thirty-three. Patient says she has had intermittent fever, for which she took considerable quinia. She suffered none of these symptoms before taking the drug. Now, quinia possesses the property of producing cerebral congestion, or symptoms analogous to it, if used for any time. If it is administered in hydrobromic acid it will not cause cerebral congestion, as that possesses the property of obviating all its unpleasant symptoms. With its use there is no throbbing of the carotids; no noises in ears, or fullness in the head.

In the present case, we will order ℥j of the bromide of potass., ℥ss of the iodide of potass., to f.℥iv of water, of which a teaspoonful is to be taken four times daily, and ask the patient to return in one week, when we will look more fully into her condition.

Medical Societies.

THE U. S. HAY FEVER ASSOCIATION.

[The following extract from the proceedings of the adjourned meeting of this Association, last month, will be found of general interest to students of the disease.]

The adjourned meeting of the United States Hay Fever Association was held in the parlor of the Sinclair House, Bethlehem, N. H.

The meeting was called to order by the newly elected Secretary of the Association, Mr. Edmund S. Hoyt, and in the absence of the President, Mr. F. B. Fay was elected temporary chairman.

The Chairman stated that a letter from Dr. Woodward, of Worcester, Mass., had been received. This gentleman took positive ground against the pollen theory of Dr. Marsh, of New Jersey, and others, and has made very elaborate microscopic investigations as to the effect of pollen upon hay fever patients, particularly as applied to his own case, which is a pronounced one. The letter is as follows:—

Worcester, Aug. 25th, 1878.

To Mr. Frank B. Fay:

Dear Sir.—Your letter, enclosing one from Dr. Marsh, came to hand. I could not answer it at that time, because, the common plants not being in bloom, I could not make the observations upon pollen that I desired to do before I communicated with you. Since the season of flowering commenced I have carefully observed, under the microscope, the pollen of a large number of the common weeds and flowering plants of the garden and field. I find that pollen grains have but two or three definite shapes or forms, especially those of the weeds and common vegetables. These are, oval with pointed ends, musk melon shaped, as I shall call it; oval with rounded ends, or water-melon shaped; globular with smooth surface; globular with surface ridged into facets, and globular covered with hairs or spires, like the envelope of a horse-chestnut burr. It must be remembered that all pollen grains are so minute that they must be magnified from one to two hundred diameters before they can be studied at all. I have subjected all I have experimented upon to a constant power of one hundred and fifty diameters. I have found no plant that, to my knowledge, has been accused of producing hay fever that has pollen of any other shape than globular. And this is the order in which the accused now stand: globular with the surface covered with little hairs or spines, rag-weed, buckwheat, may-weed, golden-rod, blue ageratum and purslane or parseley. The morning glory has pollen of this shape, but much larger than the rest. This, you will see, is a very important class. Next, globular with smooth surface, indian corn, wild amaranth, pig-weed, butter-cup, sorell, or oxalis, and plantain. Globular, with the surface ridged into facets, the phloxes, geraniums and nasturtiums. Now, these pollen grains in each of these three classes so closely resemble each other that they cannot be easily distinguished. I do not believe that from a quantity of pollen grains floating in the air, collected upon a pane of glass covered with adhesive material, it would be possible to pick out these as the pollen of rag-weed, or others of golden rod, or May weed, or Indian corn or plantain. Examined together upon the same slide it is only by the most careful observations and measurements that they can be distinguished, if they can be distinguished at all. On the eighth of August I first found the rag-weed in flower. From that time to this I have kept a bouquet of it in flower, fresh, upon my office desk. The pollen has been scattered all over my books and papers, but not a sneeze did I have until the afternoon of the 20th. I have had tassels of Indian corn and bunches of golden rod upon my table till it was all covered thick with yellow pollen, and yet I had entire freedom from the disease till that time. It must have been that they would have caused the usual symptoms if an irritant cause was contained in them. I have worked at my microscope for the last four weeks, almost every day, and have examined the pollen of nearly one hundred plants, of all classes and kinds, and yet have not had a symptom till the appointed day came.

You will remember that, last season, when I was in Bethlehem, I brought in five specimens of the rag-weed, which I found growing right

by the public path, where every one that went by might have swept it with their clothes, and yet no one had discovered it by any symptoms it had caused. I conclude, then, that the disease is in me; that no irritation will develop it till the appointed time, but that after that irritants of different kinds will excite and aggravate its symptoms. They, however, in no way can be set down as the cause. They do not operate on the 18th and 19th of August; they do on the 20th. Have they developed a new force or have I developed a new condition? Which is the most probable? Yours most truly,

R. WOODWARD, M.D.

On motion of Mr. Cory, a vote of thanks was unanimously tendered Dr. Woodward. Mr. Cory also presented the following resolution, which was heartily adopted, the mover taking occasion to make several very complimentary allusions to the gentleman referred to:—

Resolved, That a vote of thanks be and is hereby tendered to the Hon. B. F. Fay, for the faithful services which he has rendered this Association, as Secretary, since its formation.

Mr. Fay, in reply, thanked the members for the honor they had conferred upon him.

BRITISH MEDICAL ASSOCIATION.

SECTION D—PUBLIC MEDICINE.

(*Concluded from p.* 341.)

Revaccination During an Epidemic.

Dr. P. M. Braidwood, in this paper, stated the arguments in favor of regarding revaccination as necessary and as advantageous. The principal reason for enforcing revaccination is, that the capability for receiving variolous and vaccine contagion, as also for receiving these diseases by inoculation, returns in the human subject, for the most part, at or about puberty. He next referred to the legal enactments in different European countries enforcing revaccination, and stated the results thus reached. In the Würtemberg army, from 1846 to 1856, there were 202,184 revaccinations performed, and of these 69.6 per cent. were successful, and 30.4 per cent. failed. In the Bavarian army, during 1856-60, there were 60,171 soldiers revaccinated, and among these 45 per cent. were successful, 18 per cent. showed modified results, while 37 per cent. failed. As regards the proper time for the performance of revaccination, while most medical men consider puberty to be most suitable, from physiological reasons, this opinion can be based also on the numerical results of revaccination at different ages. In the Würtemberg army the failures of revaccination among those under twenty years of age were 338.7 per 1000; among those from twenty to thirty years old were 455.2 per 1000; and among those over thirty years old were 366.2 per 1000. From puberty to thirty years of age, the receptive power in the human body for variolous and vaccine disease conveyed by contagion and by inoculation is most marked. In the table showing 616 revaccinations performed by the author in the last epidemic of small-pox in Birkenhead, during last year, there is to be observed the relative numerical proportion of the sexes, the ages of the revaccinated, the number and characters of the cicatrices from primary or infantile vaccination, and the results of revaccination. The cases are further subdivided into two groups, 262 having been private patients, and 424 having been revaccinated at the public vaccination stations. By this means, the results of revaccination in two separate classes of the community can be compared. From the large proportion of success, both among the "private cases" and among those revaccinated in the public vaccination stations, it is proved that revaccination is not only advantageous, but must be regarded as necessary for the proper and complete protection of the population against small-pox. Another point illustrated by the tabulated cases of revaccination from private practice is the imperfectness of their infantile vaccination, as evidenced by the number and character of the cicatrices. The revaccinations performed at the public vaccination stations show a closer relative proportion among the sexes; a much larger number of persons below puberty applied at and were revaccinated in the public stations; and these cases also illustrate the imperfect protection afforded by infantile vaccination, as shown by the number and character of the cicatrices.

"False Diphtheria," or "Spreading Quinsy."

The author of this paper, Dr. Cornelius B. Fox, states that for nineteen years he has had unusual opportunities for studying diphtheria, and his attention was first directed, in October, 1875, to a disease which the union medical officer termed "spreading quinsy," and which has subsequently been referred to as "cynanche pharyngea" and "false diphtheria." After reading the four principal signs that are characteristic of true diphtheria, namely, (1) the production of a tough, leathery, false membrane (*διφθέρα*, a prepared hide); (2) the presence of albumen in the urine; (3) a great depression of the vital powers; and (4) subsequent paralysis in a certain percentage of cases, Dr. Cornelius Fox thus summarizes the conclusions to which he has arrived respecting a complaint that has doubtless been frequently confounded with it. 1. The disease consists essentially in an inflammation of the tonsils, which extends more or less into the pharynx, and sometimes to the neighboring submaxillary and other cervical glands. 2. Although yellowish spots are sometimes seen on the tonsils, from an accumulation of mucus in the follicles of these glands, no ash-gray, tough, leathery membrane (characteristic of true diphtheria) is ever seen during the course of the disease. 3. The individuals affected present an anæmic appearance. 4. The disease is communicated from one to another, generally through the medium of schools, gleaning, etc. 5. Unlike diphtheria, it is rarely fatal, unless

those who suffer from it have been long exposed to most unwholesome conditions. 6. It is never followed by paralysis of sensation or motion, as diphtheria often is. 7. It is not accompanied by albuminuria. 8. The pulse is full, as is noticed in cases of acute quinsy; whereas in true diphtheria it is small and feeble, indicating great prostration. 9. It presents characters dissimilar from those exhibited by cases of scarlet fever without the rash, from which it does not confer an immunity. 10. It may prevail in a district where no true diphtheria is known. 11. The average duration of the disease is about ten days. 12. It is essentially a filth disease, being always associated with some organic impurity of air or organic impurity of water. Overcrowding, saturation of soil around dwellings with slop water, employment of pond water for drinking purposes, are the most common insanitary conditions found in connection with infected houses. Quinsy differs from this disease in that it is not a communicable malady, although it may affect several members of a family at the same time who have all been similarly exposed to the same influences, or who may all have a family tendency to throat complaints. In quinsy, moreover, suppuration generally takes place, and the sudden discharge of pus is accompanied by a speedy relief of all the symptoms. In false diphtheria this mode of termination does not generally occur. The reasons for thinking that this disease is not a mild form of true diphtheria or an erysipelatous affection of the throat are then given, although, if Dr. Thorne Thorne's theory as to the evolution of infective properties be adopted, the disease might possibly be regarded as originating in erysipelas.

Editorial Department

Periscope.

The Battle of the Ligatures.

Mr. C. G. Wheelhouse said, in the address in surgery, before the British Medical Association, on this subject—

During the last few years, I have been watching carefully and curiously the efforts that have been made to adapt the material of which ligatures are made, and to harmonize their necessary presence in wounds with the requirements of antiseptic surgery.

First, I have noted that various materials, elastic threads, catgut, horsehair, jute fibre, and silk of different kinds, all carbolized, of course, have, one after another, been employed. Secondly, the methods of their application have been almost as varied as the material of their structure; some surgeons have inclined simply to close the arteries without wounding their coats; and some, as of old, to cut into these. One will cut off one end only of the ligature, while another will take away both and leave the knot to be dealt with by absorption.

The conclusion at which I have arrived is that, as regards the whole subject, we are, for the moment, off the track, and are erring from true principles. I hold that the laws laid down by Jones as long ago as 1805, and afterward affirmed and substantiated by the late Mr. Hodgson, based as they were upon the safe ground of exhaustive experimental research, are as true now as they were when first promulgated, viz., that the only safe way of securing an artery is fairly to divide the inner and middle coats of the vessels, and that the only ligature to be trusted to do this efficiently is a well made firmly twisted round cord of silk; that elastic threads, after dividing the coats, if they do so at all, lose their elasticity, yield when they should hold on firmly, and thus permit the efflux of blood; that catgut softens too readily, bursts or slips, and is thus unsafe; that silk ligatures, when cut off at both ends, fail to become absorbed, and become prolific sources of after mischief; and that horsehair fails not only to be absorbed, but acts as a source of direct irritation from first to last. With both these two last, when cut short, I have seen wounds heal perfectly, and all seem well; but later on small abscesses have formed in various parts of their track, and from each of these, when they have given way, I have had to remove the unabsorbed knots and minute circlets of ligature before they have finally become firm and sound.

Epidemics of Contagious Pneumonia.

The *Lancet*, August 24th, says:—

Epidemics of pneumonia have been described from time to time, chiefly on the Continent, and an account of recent outbreaks, having almost an epidemic form, which occurred at Moringen, in Hanover, has been given by Dr. Kühn. In this place he has more than once observed pneumonia to have an epidemic character, and on one occasion it broke out in the jail, when overfilled. All other conditions being favorable—position, soil, drainage, ventilation, drinking water, clothing, and food—the cause of the outbreak appeared to be the impurity of the air of the cells. The individual cases presented the aspect of a well-marked infectious disease, with much prostration, a considerable enlargement of the spleen, albuminuria, and, in two-thirds of the cases, diarrhœa. It is notable that the

disease did not begin, as in ordinary acute pneumonia, with a sudden onset and rigor, but was ushered in by four or eight days of prodromal symptoms. The pyrexia came on usually without an initial rigor, and ran a severe course. The pneumonic consolidation was recognizable usually on the third or fourth day of the fever, was frequently seated in the upper lobes, and exhibited a marked tendency to migrate. Often it was accompanied by inflammation of the serious membranes; pleurisy was almost constant; in one-fourth of the cases there was pericarditis; and of forty-five cases well-marked meningitis was present in five. Angina and stomatitis were not unfrequent accompaniments. The temperature sometimes attained a height of 107°, and began to remit on the fifth to the seventh day. Post mortem examination showed fatty degeneration of the heart, acute swelling of the spleen to three times the normal size, and a parenchymatous nephritis. Frequently the intestinal follicles were swollen. The disease was distinctly infectious. The attendants of the institution were affected, and the disease was conveyed by visitors to other persons who did not come near the prison or its inmates. In one epidemic Kühn observed eighty-three, and in another seventy cases. In each epidemic abortive attacks of the disease were also observed. He urges that this form of pneumonia must be distinguished from the genuine croupous pneumonia, and that its character approximates it to typhoid disease; and he suggests that possibly it may be due to the same poison as typhoid, modified by some unknown conditions—a sport, as Dr. Roberts would put it, of the typhoid germ.

Precautions in Cataract Operations.

In an article in the New York *Medical Journal*, on cerebral complications in cataract, Dr. J. S. Fernandez reaches the following practical conclusions:—

1. Persons of advanced age, or in a state of marked senility, should not have one eye operated on while retaining vision in the other.

2. In cases of blindness from cataract, no matter how old the patient, the operation should be performed, even at the risk of subsequent cerebral manifestations, inasmuch as these very phenomena may occur from the absence of sight resulting from non interference.

3. To avoid the occurrence of such cerebral manifestations, due in the majority of instances to moral impression, patients should be surrounded with every comfort before and after the operation.

4. These cerebral disorders are also observed in practice independently of the operation for cataract; but this fact makes their recognition no less important, inasmuch as we may easily admit that this operative procedure may play an important *rôle* in exciting or avoiding them.

5. Delirium after the operation for cataract may be produced by atropine, either by its absorption through the lachrymal ducts, which has occurred; by the solution dropping into the mouth; or by its being swallowed through mistake.

On Baby Foods.

Dr. Benjamin Edson talks in this strain about these popular articles, in the *Proceedings of the King's County Medical Society*:—

Peculiar malignity seems to have been manifested in the "murder of the innocents" through the multitude of "Baby Foods" thrust before the public, by the liberal display of catch pictures and printers' ink; each accompanied with the inevitable certificate of analysis by Prof. Quidproquo, vouching for the presence of everything essential to nutrition and the absence of anything deleterious. How many young lives have been sacrificed in demonstrating the utter worthlessness of scores of these preparations, not even the mathematical ability of the registrar of vital statistics can accurately determine. Of course I do not presume to intimate that these preparations are all worthless; but when the intelligent advocate of any one of them proceeds with deliberate coolness to practically dissect the claims, and demonstrate the comparative, if not the utter, worthlessness of all but his, the inquiring mind is led to suspect whether there may not be considerable truth in what all these parties say of each other. It is to be hoped, if not expected, that ere long there will be a healthful reaction in regard to the assumed need of *aids* to digestion; and that, as regards "Baby Foods," the greater portion of them will, in due time, be consigned to merited oblivion.

Peripheral Hysteria.

Dr. Lasègue, in a recent volume, applies this name to a class of hysterical affections. He gives as his first example of "peripheral hysteria" the case of a girl, fourteen years old, who, having suffered for a few hours from epiphora and some redness of the eyelids after a playmate had thrown some sand into one of her eyes, awoke the next morning with a spasm of the eyelids on that side, which rendered it impossible for her to open that eye; and it remained closed during four months, notwithstanding various remedies were tried. At the end of that time the spasm ceased suddenly one night, and never returned.

Dr. Lasègue considers that the irritation produced by the sand was no doubt the immediate cause of the spasm, but cannot be regarded as adequate to account for its long duration, which he looks upon as a hysterical phenomenon; and his view is confirmed by the fact that the patient became afterward the subject of various hysterical manifestations, although previously to the conjunctivitis she had been free from anything of the kind.

Several other cases are brought forward as examples of "peripheral hysteria," provoked by some local external cause. One of Dr.

Lasègue's patients, whose voice and singing were much admired, suffered for nearly two years from complete extinction of voice, and this came on during her convalescence from a very slight attack of bronchitis, which had not affected the voice, or but very little. Another, after an attack of indigestion, fearing to bring on the pain again, refused to touch either food or drink for twenty-four hours; and when, at the end of that time, she attempted to drink a cupful of milk, the whole came back, evidently in consequence of a constriction of the pharynx or œsophagus. This constriction lasted for some weeks, and even after it ceased the spasm would return occasionally. Space will not allow us to enumerate the many other examples of peripheral hysteria cited in Dr. Lasègue's interesting paper. He concludes by saying that it is evident there are certain subjects in whom the slightest traumatic irritation may determine a spasm of exceptional obstinacy. Such spasms he would designate rather by the name of *hysteroid* than *hysterical*. If they are found in certain cases to be merely the precursors or successors of the ordinary hysterical "attacks", they may also be, for some years, at any rate, the only manifestations of the disease.

Reviews and Book Notices.

NOTES ON CURRENT MEDICAL LITERATURE.

——The *Revista Mensual Medico-Quirurgica* is the title of a medical journal, in the Spanish language, commenced in New York city by Dr. Antonio de Tejada. It is an octavo, of 16 pages, to appear monthly at $2.00 a year (address 237 Fifth avenue). The first number contains an extract from the Edinburgh *Medical Journal*, on Heaton's operation for hernia, and a paper by Dr. Dagnino, of Caracas, on yellow fever, which latter is also translated into English by the editor. The venture promises "as well as could be expected."

——The *Ecole de Médecine et Chirurgie de Montreal* graduated twenty-five last May. The whole instruction is in French, and from the circular of the school which is before us, and the character of the French medical journal published in Canada, we derive a high opinion of the French practitioners of the Dominion.

——After a suspension of some length, the series of American Clinical Lectures starts with one by Dr. A. Vanderveer, on the operation for closure of the cleft of the hard and soft palate. It is well printed and illustrated, and, of course, is instructive concerning the operation for this deformity. For sale by G. P. Putnam's Sons, 182 Fifth Avenue, N. Y. Price 25 cents.

——Dr. Horatio R. Storer has published, in reprint, his paper on the Treatment of Strumous Disease, by what he calls the Solfatara Method, that is, by the natural sulphur exhalations around Mount Vesuvius. His pamphlet gives considerable information about the health resorts of southern Italy. To be had of the author, Newport, R. I.

——Lindsay & Blakiston's Physicians' Visiting List for 1879 is now ready. It is a neat and convenient list, of considerable popularity, and by many esteemed very highly.

BOOK NOTICES.

A Monograph on the Treatment of Diphtheria, Based upon a New Etiology and Pathology. By William C. Reiter, A. M., M. D. Philadelphia, J. B. Lippincott & Co., 1878. 12mo, pp. 48.

A very few words will serve to give the views this little work is written to advocate. The new pathology of diphtheria is that it "consists of excess of fibrin in the blood;" the treatment, which is not so new, is large doses of calomel, colossal, heroic doses, as, for instance, half an ounce in less than three days, to a child three years old!

The calomel treatment, we say, is not new. Dr. Hillier, in his *Treatise on Diseases of Children*, published ten years ago, spoke of it then as a plan with which he was quite familiar, as, indeed, one almost obsolete. He adds that he is not prepared to give it up, and that in some of the worst cases he ever saw, recovery plainly followed the use of the calomel. His dose was half a grain to a grain every two or three hours; Dr. Reiter gives five to ten times this much, but the object of both was to bring about well-marked greenish stools. Dr. Duer, of this city, years ago testified to the benefit of the "calomel and soda" treatment of diphtheria.

Dr. Reiter does not seem to have read much of the literature of the disease, or he would not have put the word "new" so prominently on his title page. The treatment he advocates is mentioned by many writers beside those we have quoted; it is, in certain cases, a good one, but it is as far from a specific treatment as any of the score of other plans proposed to combat this dreaded malady.

THE

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A WEEKLY JOURNAL,

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1879.

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THE GRADUAL EXTENSION OF GENERAL PARALYSIS.

A strange and formidable disease is stealing upon this country, a disease whose march is slow, but sure, whose grasp is fatal to mind and body, whose touch defiles as well as destroys. This terrible disease is general paresis, or paralysis. Thirty years ago it was hardly or at all known in this country; even yet a local case of it has probably not yet occurred in Louisville, in St. Louis, or in New Orleans. On the other hand, in Boston, New York, and Philadelphia it is far from uncommon. In England it has long been known, while in Germany and France it is frequent.

Its exciting causes and its early symptoms are alike obscure. Some attribute it to excessive sexual indulgence or to intemperance. True it is that these depravities seem often to precede it; but it is the opinion of the most expert that they are symptoms of the early cerebral degeneration, not a cause of it. Bad temper, irascibility, profanity, and a want of moral balance also attend its prodromic stage. So also does an inclination to theft. Dr. D. M. MCCULLOUGH, Superintendent of the Monmouth Asylum, Wales, speaks of this in his last report. He says—

"During the past year two patients were admitted, laboring under this disease—paralysis of the insane—who had been convicted of larceny, and who came to the asylum in a debilitated state, as a result of prison diet and discipline. Inquiry into the history of these cases left no doubt that the disease existed at the time the articles were stolen, and in one of the cases certainly for months before. It is well for magistrates to bear in mind that such cases occur, though I can understand their feeling a difficulty in discriminating them. In general, it will be found that a change of character and habits has preceded the stealing, and that the stealing is usually irrational and without any regard to the probability of discovery."

To this stage follow the delusions of grandeur. The patient has married a harem of beauties; he owns a dozen bonanzas; he is ruler of men, and his word is law over kingdoms. Ask him of his health, and the palsied wretch will tell you he never was better in his life, and is as strong as a Samson.

This fearful malady strikes men in their prime, about forty-five to fifty years of age, and often singles out as its victims those of vigorous body and active mind. Its early signs do not even suggest the existence of a serious morbid process. The slight paralysis of the muscles of the lips, which is one of the first hints of its approach, tends to bestow on the face a benevolent and kindly expression, well calculated to deceive the observer.

Dr. JUNG, of Leubus, in Germany, tells us that of late years this disease has, among women of the lower orders, considerably increased in frequency. This increase is only a further expression of the increasing misery and decreasing power of resistance (*widerstandskraft*) among these classes. The disease generally makes its appearance at the time of the menopause, whether this be normal or premature; it is, in fact, a disease of the climacteric. An individual weakness of the nervous system (either congenital or acquired) and a soil prepared or fitted for vaso-motor disturbance are necessary to the development of the disease; heredity also plays an important part in its causation. The affection occurs in women, on an average, ten years later in life than in men; *i. e.*, usually between thirty-five and forty-five. It lasts on the average, from one to two years; its course is seldom stormy and rapid, but rather of a chronic character. In the nature of the delusions no difference exists from those observed in men of the same social position.

Few complaints deserve more earnest study; and it is not one to be relegated to the specialist in mental disease; for its earliest manifestation, the stage when, if ever, there are some slight hopes of subduing it, is wholly within the scope of the general practitioner. By the time the patient is so far gone as to require sending to an asylum, his condition is absolutely hopeless.

A description of this disease, from the hand of a master, will shortly be presented in these columns.

NOTES AND COMMENTS.

Preliminary Medical Courses.

The John Hopkins University, of Baltimore, proposes to organize, at the commencement of the session 1878–79, a course of instruction preliminary to the study of medicine. This course will have the object of giving the student an extended education, but one rather scientific than literary, and including a thorough knowledge of the structure and functions of the human body in health. At its completion the student will be ready to enter upon his medical studies proper. The course will extend over three years, and will include the following:—

First Year.—Experimental Physics, Elementary Mechanics, Chemistry, French and German, Drawing.

Second Year.—Chemistry, General Biology, Elementary Course in Comparative Anatomy and Zoölogy, Elementary Course in Physiology and Histology, Human Osteology and the Anatomy of the Ligaments and Joints, Logic.

Third Year.—Human Anatomy, Advanced Course in Physiology and Histology, Elements of Embryology, Psychology.

This scheme has met with considerable praise in some quarters. But all that can be said about it is not in its praise. There is much in favor of the doctrine that what is called a "liberal" education, one devoted to "the humanities" in the old sense of the word, is the very best preparation for any of the professions. To sacrifice this to a special technical course, warped and directed to any one business from boyhood, is, in the opinion of some educators, and those not the least capable ones, a grave and serious error, destructive to that wide intellectual sympathy known as true culture. The self-made man, the man of one idea, is, perhaps, the highest type of individual energy, but he is very far from being the noblest ideal of the race; and we like these ideals in our profession, and could stand more than we have of them.

Theoretic Treatment of Fever.

The present accepted theory among our German friends—and unfortunately they lead by the nose a great many non-German disciples—is that the main fact in fever is the increase of bodily temperature; and that, therefore, the main indication is to reduce the temperature.

Senator, of Berlin, and Buss, of Basel, have lately been reiterating this. The latter has published a book of 250 pages on the subject, this year, largely devoted to "the antipyretic methods." These may be briefly summed up as cold water externally, salicylic and cresotinic acids, to lessen existing temperature, and quinine and alcohol, to diminish the production of heat. He thinks a judicious combination of all these will prove "extraordinarily efficacious."

This deductive plan of treatment is interesting to read about, but there is large room for doubt as to whether the bodily temperature is the main fact of fever. It is very far from proven, and there is a good deal to say against it; and the antipyretic treatment has already been shown to have very large limitations. Since the days of Niemeyer, it is the present writer's opinion that German practice has decidely retrograded.

Copyrighted Medicines.

The question has been put to us a number of times, whether a copyrighted and registered trade name of a medicinal preparation can be taken out by a physician without violating the professional proprieties. The general principle, which should govern in such matters, is that no step is justifiable which narrows the benefits of a valuable discovery; and none is proper which gives to a preparation a fame it does not deserve. As to the application of this doctrine in these instances, we shall be glad to hear some expression of views from those of our readers interested in such topics.

Treating the Infant in Utero.

Numerous experiments have been recorded by German physicians, demonstrating the possibility of certain substances, especially iodine, chloroform, and salicylic acid, when administered to the mother, finding their way into the blood or secretions of the fœtus in utero. Professor Gusserow, of Strasburg, seems to have examined with great care the subject of the interchanges between the fœtus and the mother. His experiments, about eight in number, on the lower animals did not yield any positive results, which may probably be accounted for by the comparatively short time the parent was subjected to the action of the medicine. In fourteen instances he gave patients pretty large doses of iodide of potassium for some days or weeks before delivery; and then he tested for iodine in the liquor amnii and the fetal urine, when these could be obtained. Specimens of the urine were got in only eleven of these fœtuses, and five of the specimens contained iodine, while in six of them it was absent. The length of time the mother had been taking the medicine seemed to influence the result of the experiment. Benicke reports giving salicylic acid to twenty-five women during labor, and found it in the urine of the children immediately after birth.

The Function of Intelligence in Brutes.

This was the topic of a paper by Mr. Romanes, before the last meeting of the British Association for the Advancement of Science. He illustrated his remarks by quoting incidents which he had observed in connection with his own dogs, and described at some length observations which had been made on neglected deaf mutes. His general conclusion is that the only difference in kind between animal intelligence and human intelligence consists in this—that animal intelligence is unable to elaborate that class of abstract ideas the formation of which depends on the faculty of speech. In other words, animals are quite as able to form abstract ideas as we are, if under abstract ideas we include general ideas of qualities which are so far simple as not to require to be fixed in our thoughts by names.

Relative Dangers of Version and Forceps.

A Belgian writer, Dr. Kuborn, has examined the recent statistics of the Russian hospitals, to determine the relative dangers to the infant of deliveries by version and by the forceps. He has collected the respectable number of 7100 cases of labor where one or the other method was used. The results are in favor of the forceps. They showed a mortality of but five per cent., while version was followed by the death of the infant in eight per cent. of the cases.

Sulphocarbolate of Quinia in Diphtheria.

From an experience with this drug in his practice, an Italian physician, Dr. Marchionneschi, thinks he can claim for it a special value in the treatment of diphtheria. The particulars of its administration are not given in the *Journal des Sciences Medicales de Louvain*, from which we borrow the statement.

CORRESPONDENCE.

FOREIGN.

Brief Notes From London.

ED. MED. AND SURG. REPORTER:—

The British Medical Association held its meeting in Bath this year (Aug. 5th, 1878), with an attendance which I was informed was about an average one in numbers, and was about equal to an average meeting of the American Medical Association.

The general business of the Association is transacted in the great body of the meeting; the professional and scientific papers are all read in the Sections, as with us.

The delegation from the American Medical Association present consisted of Dr. J. Marion Sims, of N. Y., Professors Auger and Cleaver, of Iowa, Professor W. H. Pancoast, of Philadelphia, and your correspondent.

Of the addresses before the Association, that of Mr. Wheelhouse, of Leeds, on Surgery, was probably the event of the meeting, and was characterized by its clear and able history of the progress in surgery, and the appliances and inventions which have been made in this branch of the healing art.

There was possibly just a few oversights in giving credit to American surgery; for example, when the high tribute to the operation of ovariotomy was spoken, the name of Spencer Wells *was* mentioned, and deservedly too, but the illustrious name of McDowell, the father of the operation, *was not* mentioned. It seemed to me, as an American, that while names were being honored, it should be understood that medicine and surgery is broader than any mere country, and that in honoring the name of McDowell, as Spencer Wells himself does in his book, one can but do honor to his own manhood; and in failing to do so one commits an oversight, to say the least. Mr. Wheelhouse is well informed in surgery and its history.

I was, to-day, shown a case by Mr. Thomas Smith, of St. Bartholomew's Hospital, of extrophy of the bladder, in which he had conceived and performed an operation for its relief, by cutting down, as for the operation for artificial anus, and seizing the left ureter, detaching it from the bladder and making a small incision into the colon, united it there by means of four carbolized catgut sutures, so as to drain the urine into the colon; this was accomplished temporarily by the operation, as the urine came away with the fæces for several days, without inconvenience, but the attachment of the ureter and colon failed to result in confirmed union, owing, as Mr. Smith believes, to the use of the catgut instead of the wire suture. Only one ureter was operated on, fortunately, and what is to become of, and what harm the urine secreted by the left kidney will cause, is a question that time will soon develop; meanwhile the patient, a lad about seven years old, is in a decidedly unfavorable condition.

At Guy's Hospital the surgery is, as usual, interesting, and every operating day brings with it a large number of cases of an instructive nature.

One more case of malignant pustule has been treated since my last writing.

A short time since I saw Mr. Howes operate for the relief of stricture with false passage into the bladder, by means of supra-pubic cystotomy, the bladder being first fully injected, to carry it sufficiently high to enable the operator to avoid the peritoneum, and then entered through the incision in median line, and a sound passed from the internal extremity of the urethra outward, to the seat of an incision made in a former operation of perineal urethrotomy. The case, I am informed, has been successful.

This gentleman is a bold and skillful operator, and has recently had three cases of cancerous disease, requiring the operation of gastrotomy, two of which have been successful in affording a means of nourishing the patients, who are still alive. The third case was unsuccessful, the patient dying on the second or third day.

A case of gastrotomy is reported from Germany, which is highly successful, the patient being able to chew food and insalivate it, then deposit it in a tube below the mouth, which conveys it directly to the stomach through the artificial opening in the epigastric region, the tube and silver plate attachment being held in place by means of a belt.

The operation for straightening knock knees (genu valgus) and curved thigh and leg bones, by means of artificial fracture, either by the saw or chisel, is extensively performed here, and certainly there is plenty of material, as the percentage of rickety children is very great in London, among the poorer classes. In these operations Mr. Barwell, of the Charing Cross, and Mr. Davy, of the Westminster Hospital, prefer and use the chisel for dividing the bone.

The gentlemen at Guy's and St. Bartholomew's whom I have seen operate for these deformities use the saw, washing out the wound with carbolized water, to remove the bone finely divided by the saw. For neatness and ability to make a more subcutaneous operation, the chisel seems to be the instrument, leaving, as it does, only a small superficial wound.

The operations at the Royal London Hospital, Moorfields, every morning, are numerous, and in the main well performed. The extent of the material is very great, this being probably one of the largest, if not the largest, eye clinic in the world, their in-patients last year numbering over two thousand, their new out-patients over twenty thousand, and the whole number of patients seen over one hundred thousand. It is a sight truly never to be forgotten, to see the vast throng of blind, half blind and weak-sighted poor that flock to Moorfields to avail themselves of the advice of such masters in the opthalmological art as Mr.

Solberg Wells, Lawson, and their colleagues, some of whom, with their large corps of assistants, are to be found there every morning.

Yours truly, W. H. Daly, M.D.
London, England.

DOMESTIC.

Some Notes From Practice.

Ed. Med. and Surg. Reporter:—

I have jotted down some points of experience which I think are worth preserving. Let your readers take them at their value:—

1. Hydrobromic acid is a good brain and nerve sedative in acute melancholia (dose ʒj to syr. simp. ʒss), but after a week's use disorders digestion. It is too disagreeable to administer to females.

2. Tannic acid, in powdered form, applied to wounds constituting compound fractures, will convert them, when the wounds are not extensive or torn, into simple fractures, by rapidly forming a cicatrix, and thus save from one-third to one-half the usual time of healing.

3. An ounce or two of oil of turpentine in half a pint or a pint of tepid menstruum, arrests, like a charm, intestinal hemorrhage, even when patients seem moribund.

4. There is a form of bilious puerperal fever in which, by means of severe diarrhœa, nature effects a cure. To arrest this is bad practice and uniformly fatal.

5. I have reduced gradually to normal frequency, and thus saved the patient, a pulse in puerperal fever that ran 150 beats per minute, by half-drop doses Norwood's tincture veratrum viride, with one grain quinine, administered every two, three and four hours.

6. I recently examined several patients in Brigham Hall Asylum, by "cranial percussion," with a view to "cerebral localization." In a respectable percentage I succeeded. In one epileptic lady, whose skull was broken many years ago, I was enabled to point out distinctly the seat of fracture.

7. In summer diarrhœa of children (attention to all other hygienic conditions understood) the following treatment has almost worked miracles in my hands:—

℞. Calomel, gr. j
Soda bicarb., grs. vj
Ft. chart No. vi.

Sig.—One every hour until used, then one teaspoonful of castor oil, after which—

℞. Ext. hæmatoxyli, grs. xvj
Tr. kino, ʒss
Syr. simplicis,
Aq. menthæ pip., āā ʒj. M.

Sig.—According to age ʒss to ʒj, twice daily.

8. Pleasant, odorous substances are of greater value, curative and preventive, than the faculty accredit them.

A form of administering iron, more natural, convenient and efficacious than hypodermically, a form in which it will be borne, liked and appropriated by every patient in whom it is indicated, from the infant to the aged, is as follows:—

℞. Oil of wintergreen, gtts. xvj
Alcohol, ʒx
Whisky, ʒxij
Shake and add
Water, ʒxxxij
Sugar, ℔j
Fl. ext. gentian, ʒj
Iron, pyrophosp. (or) am. cit., ʒj ℈ij
Shake well.

Sig.—A teaspoonful twice daily, before meals, in ʒss water.

P. S.—All these are, so far as I know, original, save 7 and 8; 8 is very ancient; part of 7 I got from Vogel, part from West.

R. J. Hutton, M.D.

Partial Placenta Prævia.

Ed. Med. and Surg. Reporter:—

Mrs. Brosner, aged twenty-five, multipara. Previous labors normal, speedy, and comparatively easy. Duration of this gestation ten lunar months. Has had numerous slight hemorrhages within the last two months. While standing at the hydrant, she was taken with a severe hemorrhage, which continued about half an hour, during which time I arrived. She had fainted once and been restored before I got there. I found her bleeding profusely. Hands and feet cool; considerable emesis; pulse very weak and rapid. I at once raised the foot of the bed, then made an examination per vaginam; found the os rather thick, and dilated to about the size of a twenty-five cent piece; I could feel a pulpy mass on the upper lip. I at once passed my finger between this mass and the uterus, clearing the "zone of danger." A little gush of blood followed, and then hemorrhage ceased. Labor pains were very slight and far between, and growing less. On consultation, it was thought the patient could not live through a natural labor, and that the os had better be dilated as soon as possible, then turn and deliver. Some delay was caused by having to wait for a colpeurynter; during this time the pains ceased. About twenty minutes after introducing the colpeurynter, labor pains again began, at first weak, but gradually getting stronger. I gave her thirty drops of whisky hypodermically, every half hour from the first. One hour after introducing colpeurynter, the os was fully dilated and labor pains quite frequent, but not very effective; head engaged. I sent for forceps. During the absence of the messenger I passed my arms around the nearly exhausted woman, and with each pain I produced all the pressure I could upon the upper border of the abdominal tumor, by squeezing her. I kept this up until the child was born, without instrumental interference. There was slight post-partum hemorrhage, which was controlled by introducing ice within the body of the uterus.

I ordered one drachm spiritus frumenti every hour, all the beef juice and milk she could take, and—

℞. Cinchonidiæ sulph., ℥j
Tr. ferri mur., ℥j
Aquæ, q.s. ft. ℥iij. M.

Sig.—Take one drachm every four hours.

She rapidly recovered. Two points in the above treatment I think deserve especial notice. 1. The clearing of the "zone of danger," by separating the placenta from the uterus as far as the finger can reach. 2. The use of the colpeurynter to dilate the os, and also thus induce labor pains. WINFRED WYLIE, M.D.

Brooklyn, N. Y.

Fracture of the Larynx.

ED. MED. AND SURG. REPORTER:—

Wm. A. Walker, age fifty-one years, laborer, in good health, while feeding a team, at noon, August 22d, 1878, was struck by the heel of a mule, in the throat, producing a complicated fracture of the larynx. Was seen an hour afterward, and found him vomiting blood, which was flowing from seat of injury. Respiration difficult, attended with cough. Neck and dependent portions were emphysematous. Could remain in no position except sitting or standing, with head and shoulders bent forward. Unable to swallow anything or to speak distinctly. Applied ice, externally and internally, with anodynes. By eight P.M. was resting easier, spoke plainer, and respiration better. On day and night of 23d remained in about the same condition, with the exception of growing weaker, from loss of sleep and nourishment. At six A.M. on the 24th a recurrence of dyspnœa took place, and proved fatal, fifty-two hours from time of injury. Autopsy showed two rings of the cricoid cartilage fractured; upper ring in three places; literally crushed, from the anterior backward. Larynx above and below seat of injury did not show evidence of much inflammation. The operation of tracheotomy, no doubt, would have given him a good chance for recovery. Tubes and instruments were at hand, but he would not permit the operation to be performed.

Catlin, Ill. A. M. F. MCCOLLOUGH, M.D.

—A young Italian surgeon, of high reputation, committed suicide last month, in a fit of professional pique. He was a delegate to the Italian Medical Congress, sitting at Pisa. He had worked hard as one of the organizing committee, and was the responsible superintendent of the exhibition of medico-chirurgical instruments. He had just been worsted in an animated discussion in one of the sections, after which he leaped into a cab, purchased a revolver, and made way with himself. His father commited suicide in an equally unaccountable way.

NEWS AND MISCELLANY.

Report of Epidemics for Week Ended October 19th, 1878.

NEW ORLEANS, LA.—During the week ended yesterday afternoon there were 976 cases of yellow fever and 235 deaths, of which eighty-nine cases and thirty-six deaths occurred in the last twenty-four hours reported. Total cases 12,182, deaths 3635.

No cases of yellow fever at PORT EADS or SOUTH WEST PASS during the past week.

MORGAN CITY, LA.—There were 16 deaths from yellow fever during the last week. The number of cases was incorrectly given for last report. Total cases to date reported to be about 432, total deaths 87.

MOBILE, ALA.—For the week ended yesterday noon there were 56 cases of yellow fever and 12 deaths. Total cases 93, deaths 32.

DECATUR, ALA.—73 cases of yellow fever and 12 deaths during the week ended yesterday. Total cases 155, deaths 27.

OCEAN SPRINGS, MISS.—During the week ended yesterday noon, there were 25 cases of yellow fever and one death. Total cases 128, deaths 29.

PASS CHRISTIAN, MISS.—There were 32 new cases of yellow fever and four deaths for the week ended yesterday. Total cases 126, deaths 13.

BAY ST. LOUIS, MISS.—During the week ended yesterday evening there were 52 cases of yellow fever and 12 deaths. Total cases 338, deaths 68. The fever is on the decrease for want of material. The cases occurring now are more malignant.

FRIAR'S POINT, MISS.—Eight cases of yellow fever and two deaths during the week ended yesterday evening. Total cases 21, deaths 6.

CRYSTAL SPRINGS, MISS.—The yellow fever is confined principally to the country around Dry Grove and Lebanon Church. No case has yet occurred within the limits of the village of Crystal Springs. During the past week there were 31 cases and 8 deaths. Total cases 112, deaths 44.

BATON ROUGE, MISS.—During the week ended yesterday at nine A.M., there were 301 cases of yellow fever and 16 deaths. Total cases 2170, deaths 129.

PASCAGOULA, MISS.—Total cases of yellow fever at quarantine to October 12th, 5, deaths 2.

SCRANTON MISS.—Total cases of yellow fever to October 12th, 5, deaths 3.

VICKSBURG, MISS.—For the past week there were 32 deaths from yellow fever in the city, and 64 in the county of Warren, outside of the city. Total deaths in city and county 1074.

HOLLY SPRINGS, MISS.—Total number of cases of yellow fever to yesterday evening 1117, deaths 285. About 200 cases under treatment. The fever is spreading into the surrounding country. A slight frost occurred in the night of October 16th.

GRENADA, MISS.—For the week ended yester-

day evening there were 4 new cases of yellow fever and 2 deaths. The fever is spreading into the country. In fourteen families, containing 97 unacclimated persons, there occurred 41 cases and 2 deaths during the past week. Total deaths in Grenada and adjacent country 327.

BOLTON, MISS.—Total cases of yellow fever to yesterday evening 117, deaths 31. The first case occurred August 12th.

HERNANDO, MISS.—During the week ended yesterday evening there were 50 cases of yellow fever and 23 deaths. Several of the cases from one to three miles in the country. Total cases 133, deaths 56. Slight frost was observed this morning.

MEMPHIS, TENN.—For the week ended the evening of the 17th inst., there were 108 deaths from yellow fever. Total deaths 2892. Dr. Thornton, in charge of the Marine Hospital Service at Memphis, has the fever.

CHATTANOOGA, TENN.—101 new cases of yellow fever, and 30 deaths, for the week ended at 4 o'clock, P. M., yesterday.

PARIS, TENN.—No cases of yellow fever or deaths for the week ended yesterday afternoon. A frost has occurred, and no further trouble is expected.

MILAN, TENN.—The first case of yellow fever, a refugee, occurred August 26th. The first case among inhabitants, October 12th. Total cases to yesterday 3, deaths 3.

CAIRO, ILL.—No report of cases or deaths received. Assistant Surgeon Roswell Waldo, of the Marine Hospital Service, died of the fever at his post yesterday.

ST. LOUIS, MO.—4 deaths from yellow fever at quarantine during the past week.

LOUISVILLE, KY.—For the week ended yesterday there were 15 new cases of yellow fever and 5 deaths. Of these numbers, 14 cases and 5 deaths were among the inhabitants in the locality before described. Total cases 127, deaths 54, of which 89 cases and 34 deaths were among refugees.

KEY WEST, FLA.—No new cases of yellow fever during the week; one death occurred the 12th instant. Total cases 37, deaths 17.

No report received from the following places, where the yellow fever exists:—Plaquemine, La., Port Gibson, Miss., Mississippi City, Miss., Greenville, Miss., Spring Hill, Miss., Water Valley, Miss., Biloxi, Miss., Canton, Miss., Brownsville, Tenn., Grand Junction, Tenn., Hickman, Ky., and Gallipolis, Ohio.

Hot Springs and Hot Tempers.

Among the many wonderful properties of the Arkansas Hot Springs must be that of making equally hot the tempers of residents. Of all places in the United States, we know of none where the local physicians seem more ready to flay each other at the slightest notice. Then, at the last session of Congress a mysterious body, called the Hot Springs Commission, set the press of the country and the House of Representatives by the ears because they did not bag a lot of the public money. Finally, the contagion has seized even the patients, and if a small-sized civil war does not make things lively for the residents it will be because the demand of the United States Marshal for "troops" is promptly complied with by the Executive. Some of the patients, who are not so disagreeably affected as are some other patients, object, it seems, to the disagreeably affected patients bathing in a certain spring called the Rat hole. This is not because the Rat hole is immediately contiguous to the other springs, but because the volcanic formation is suspected of being sufficiently porous to permit the waters of the Rat hole to penetrate to the other springs, to their contamination. The people who have found comfort in bathing in the Rat hole object, for their part, to bathe anywhere else, and refuse to recognize the merits of efforts that have been made in their behalf by conducting the waters of the Rat hole to a distant point where there will be no occasion to apprehend any disagreeable consequences from it to the other patients. The Rat hole patients, in spite of their peculiarly disagreeable affections—or, perhaps, because of them—seem to be a particularly lively set of people, and they are standing up for what they assume to be their rights in such a vigorous fashion that the United States Marshal contends that he is unable to keep the peace unless he has "troops" to back him up. These springs had better be fenced in until we want to fire up for another war. Their source must be too near the favorite spot of Pluto's realm.

Cooking by the Sun.

Among the curiosities of the Paris Exhibition is an apparatus for using the heat of the sun for purposes of cooking. It is very simple, and is the invention of M. Mouchot, a French missionary. It consists of a deeply concave reflector, which admits of being always turned toward the sun. In the centre of this reflector is fixed a cylindrical glass vessel, upon which the sun's rays are directed by the containing reflector. In tropical climates, in subtropical climates, such as Algeria, and even in the south of France, it is found possible to prepare coffee, and even to cook meat, with this exceedingly simple machine, which, in one respect, the consumption of fuel, certainly eclipses all others.

Castor Oil Production in Illinois.

The people of some sections of Southern Illinois are now busy gathering their crop of castor beans, which, though a native of Asia, are successfully raised in that part of the country, St. Clair county alone yielding, it is said, about 300,000 gallons of the oil, of which there are several large manufactories in St. Louis.

The oil of Illinois is asserted to be fully equal to that produced in the Levant, in Spain, Provence, Brazil or the West Indies, and is steadily improving in quality. The ground is prepared

as for other crops, and the bean planted as corn is, with the exception that one bean is put into each hill, and at every fourth row a space is left for the passage of a wagon to gather the crop.

About twenty bushels to an acre is considered a fair yield, which begins in September. Commonly used for medicine, it will answer for lamps and machinery, and is often so employed. The streets of Lima are, or were very lately, lighted with castor oil, which also lubricates most of the mills on the sugar plantations of Peru. The raising of the bean and manufacture of the oil is a growing industry, and several firms in St. Louis have made themselves rich by it.

Belleville, Ill., capital of St. Clair county, is a centre of the bean product, and being but fourteen miles from St. Louis, the raw material is easily transported to that city, whence it is shipped to various places, most of the oil being consumed in the United States.

The Medical Corps of the Turkish Army.

In a book on the recent war, Dr. Lebovicz shows that the serious defects of this corps are a necessary result of the system on which the medical *personnel* of the Ottoman army is constituted, and that scarcely any improvement can be hoped for until its organization is radically reformed. The army surgeons are chiefly educated at the School of Medicine of Constantinople, at the expense of the State. In return, they are bound to give a certain number of years of service to the Government. The length of time that the courses of instruction last varies, as does also the number of Government pupils, according to the wants of the army and political circumstances. Hence, at the commencement of hostilities in 1876, a large number of pupils, who were very far from having completed their studies, were sent to do duty with bodies of troops or in the hospitals. Not having had any practical experience in the treatment of patients, they were frequently quite at a loss how to deal with the cases which fell under their care. Those who were sent to regiments were particularly to be pitied; being often detached and isolated with their respective battalions, deprived of the counsel of their superiors, they had to assume all the responsibility of the service, and to depend entirely upon themselves. As the author remarks, it makes one shudder to think of the lives which these unfortunate surgeons held in their keeping.

Longevity in England.

The mortality returns for England and Wales in the year 1876, which have recently been completed, record the death of 183 men and 409 women registered as 95 years old or upward when they died. Fourteen of the men had reached 100 or upward, and one was 106. Forty-three of the women had completed a century of life or more, and one, who died at Sedgefield, in Durham, was 108 years old. Their respective ages were: four men and twenty-one women, 100 years; two men and seven women, 101; five men and four women, 102; two men and three women, 103; two women, 104; three women, 105; one man and two women, 106; and one women, 108.

Items.

—A crematory has been opened this month in Gotha, Germany. The building is said to be tasteful, and supplied with several furnaces, numerous columbaria, etc.

—Dr. N. Wulfsberg, of Göttingen, has been experimenting with the intra-venous injection of milk, as recommended by Dr. Gaillard Thomas, of New York, but thinks it is much less efficient than transfusion of blood.

—In 1793 Philadelphia had about 40,000 inhabitants. When the yellow fever broke out in that year a fourth of them probably left. Yet the deaths from the disease numbered about 4000. In those days Dr. Rush's grand specific was "repeated bleedings."

—The great Swedish University of Upsala has a vacant professorship of anatomy which it cannot get anybody to fill, because there are no foreign savants in this department who understand the language. In former centuries no such difficulty was encountered, since university lectures were everywhere delivered in Latin, which the learned of all nations understood.

Personal.

—Dr. T. C. Rogers, of Harrington, was found dead in bed last week.

—Two medical editors have recently deceased, Dr. Fr. Gravell, editor of "*Gravell's Notizen*," and Dr. Laussedat, of Brussels, editor of "*L' Art Médical.*"

—Dr. H. H. Muhlenberg and wife, of Reading, Pa., celebrated the twenty-fifth anniversary of their wedding a week or two since, at their home.

—Dr. Luke P. Blackburn has been one of the most faithful yellow fever physicians. With one voice the Kentucky papers declare that he must be the next Governor of their State.

MARRIAGES.

RULISON—NEWHOUSE.—At the Baptist Church, on the 2d instant, by Revs. Van Doren and Stevens, Elbert T. Rulison, M.D., and Libbie Newhouse, both of Bath-on-the-Hudson, N. Y.

INGERSOLL—CHAPIN.—On Wednesday, October 9th, 1878, by the Rev. S. S. Chapin, of Michigan, uncle of the bride, Edwards J. Ingersoll and Julie A., daughter of R. S. Chapin, M.D., all of New York.

MARCH—STEVENSON.—At Pittsfield, Mass., Oct. 3d, 1878, by Rev. Daniel March, D.D., Daniel March Jr., M.D., of Pittsburgh, Pa., and Miss Jennie H Stevenson, eldest daughter of the late John M Stevenson, of Cambridge, N. Y.